U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 88-257 as amended Fallure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25703	2 Fiscal Year Covered From
	01 / 01 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name NEIL J POWERS	Name UNITED TRANSPORTATIONS UNION
	Labor Organization File Number 516212
PO Box, Bldg Room No if any	PO Box Building and Room Number if any
Street 712 PENKINS LA	Street 7n Prakins LA
CITY EDUCATER PARIL	CITY EDGENATER MARK
State NEW JENS 64 ZIP Code + 4 08010	State NEW JUNSEM ZIP Code + 4 10 9810
5 Position in labor organization	
A Held an interest in engaged in transactions (including toans) with or monetary value from an employer whose employees your organization. Name Trade Name if any	derived income or other economic benefit of on represents or is actively seeking to represent 7 a Nature of Interest, Transaction or Income
PO Box, Bidg Room No if any	7 b Amount
Street	
City	
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned dec ares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed	On 4/28/06 9/28/79/84/03 Date Telephone Number

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in vihich your labor organization is interested		
8 Name and address of Business (including trade name), if any). Name VNITED TRANSPORTATION UNION Trade Name if any Local GO PO Box Bldg Room No if any Street 712 PENKINS LAVE City EDGENATEM PACIL State NEW JENSOY ZIP Code + 4 08010-	9 Business deals with a. Labor Organization b Trust c Employer	
10 If 9 b or 9 c. is checked give trust or employer's name Name COFFEY KALE MYENS & CLUM Trade Name if any ATTORNUMS AT LAW PO Box Bidg Room No if any SUITE 718 Street TWO BALA CYNMYN State PA ZIP Code + 4 [GOOT IN]	11 a Nature of such dealing 1 HOLLDAY GIFT HORSEN BAKED HARM 6286 2 LUNCH 8316 3 LUNCH 8296 4 DINNER 90 W 5 TICKETS BALGUE FOR XMASE FREY 24000 11 b Approximate dollar value of such dealing 405 0 L 12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg. Room No if any Street City State ZIP Code + 4	14 a Nature of payment	
13 b. is the Business an Employer or Consutant 7	14 b Amount of payment.	